2100 INTERNAL TRANSFER REQUEST FOR S.N.

0	010	.940

DATE: 4	-5-02	FROM: BRAGOON		(print name)	
		REASON(S):			• .	
FORWARD TO:		A. You had Parent	(ch	eck bar)		
A. Art Unit:	2622	B. See Title	(ch	eck bar)		
B. Class:	350	C. See Abstract	(ch	eck bo)		
C Subclass:	1.1-1.9	D. See Claim(s):			·	
FURTHER EXPL	ANATION IF NEED	ED: Printer/Printer	n opera	tur-		
•		- 1	.3 '			
			· .			· .
.DATE:		FROM:			(print name)	
		REASON(S):				
FORWARD TO:		A. You had Parent	(ct	heck box)	•	
A. Art Unit:	<u> </u>	B. See Title	. (ct	heck box)		
B. Class:	· · ·	C. See Abstract	· (cr	heck box)		
C Subclass:		D. See Claim(s).				
FUDTUED EVOL	ANATION IF NEED	ED:		•		
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TOKINEK EXPL		en al Marie de la companya de la co La companya de la co				∵
						(#
DATE		FROM:			(print name)	*
		FROM: REASON(S):			(print name)	
			(c	theck boy)	(print name)	
DATE		REASON(S):		heck box)	(print name)	
DATE		REASON(S): A. You had Parent	(c		(print name)	
DATE:	LASSIFIER	REASON(S): A. You had Parent B. See Title	(c	heci, bo>)	(print name)	
DATE FORWARD TO C	LASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(c	heci, bo>)	(print name)	
DATE FORWARD TO C	LASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(c	heci, bo>)	(print name)	
DATE FORWARD TO C	LASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s):	(c	heci, bo>)	(print name)	
FURTHER EXPLA	LASSIFIER ANATION IF NEEDI	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED:	(c	heci, bo>)	(print name)	
FURTHER EXPLA	LASSIFIER	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED:	(c	heci, bo>)	(print name)	
FURTHER EXPLA	ANATION IF NEED!	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: SIFICATION CLASSIFIER:	(c	heci, bo>)	(print name)	
DATE FORWARD TO C	ANATION IF NEED!	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED:	(c	heci, bo>)	(print name)	
FURTHER EXPLA	ANATION IF NEED!	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: CLASSIFIER: REASON(S):	(c	theck box	(print name)	
DISPOSITION DATE: FORWARD TO:	ANATION IF NEED!	REASON(S): A. You had Parent B. See Title C. See Abstract D. See Claim(s): ED: SIFICATION CLASSIFIER: REASON(S): A. You had Parent	(c	check box)	(print name)	

FURTHER EXPLANATION IF MEEDED: